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FEB 28 2005

FACSIMILE TRANSMISSION

Date: 28 February 2005

Pages: 15

To: Examiner Cuong H. Nguyen
GAU 3661.

From: Brian C. Altmiller

Fax No.: 703-872-9306

Re: Response under 37 CFR 1.111 (9 pages)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: SUGAWARA

Atty. Dkt.: 01-520

Serial No.: 10/718,670

Art Unit: 3661

Filed: November 24, 2003

Examiner: NGUYEN, Cuong H.

Title: MAP SEARCH SYSTEM

Confirmation No.: 1631

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date: **February 28, 2005****CERTIFICATE OF FACSIMILE TRANSMISSION**

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Type or printed name	BRIAN C. ALTMILLER		
Signature		Date	February 28, 2005

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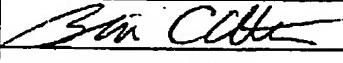
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This Form Based on PTO/SB/21

TRANSMITTAL FORM		Application Number	10/718,670
(to be used for all correspondence after initial filing)		Filing Date	November 24, 2003
		First Named Inventor	SUGAWARA
		Group Art Unit	3661
		Examiner Name	Cuong H. Nguyen
		Attorney Docket Number	01-520

ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/>	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter	
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Fax Cover Sheet;	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Copy of cover page of JP 2003-004328	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	<input type="checkbox"/> Copy of PTO receipt dated November 24, 2003	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Posz & Bethards, PLC		
Signature			
Date	February 28, 2005		

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Type or printed name	Brian C. Altmiller		
Signature		Date	February 28, 2005

PTO/SB/17 (12-04)
Approved for use through 07/31/2006. OMB 0651-0322
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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Effective on 12/3/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Attorney Docket No. 01-520
TOTAL AMOUNT OF PAYMENT (\\$) 120		

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Pozz & Bethards, PLC				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

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FEE CALCULATION
1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	180	80	0	0	0	0	

2. EXCESS CLAIM FEES
Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
29	- 20 or HP = 0	x \$50	=			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
3	- 3 or HP = 0	x \$200	= \$0		

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ **(** \$ for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
100	/50 =	(round up to a whole number) x	=	\$0

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Extension of Time – One Month

\$120

SUBMITTED BY

Signature .		Registration No. 37,271	Telephone (703) 707-9110
Name (Print/Type)	BRIAN C. ALTMILLER	Date	February 28, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTC/SB/22 (12-97)

Approved for use through 9/30/00, OMB 0551-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)Docket Number (Optional)
01-010In re Application of **SUGAWARA**Application Number **10/718,670** Filed **November 24, 2003**For **MAP SEARCH SYSTEM**Group Art Unit
3661 Examiner **NGUYEN, Cuong H.**

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | |
|-------------------------------------|----------------------------------|--------------------|
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ <u>120.00</u> |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ <u>450.00</u> |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ <u>1020.00</u> |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ <u>1,590.00</u> |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ <u>2,160.00</u> |

Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.
A small entity statement under 37 CFR 1.27:

- is enclosed.
 has already been filed in this application.

A check in the amount of the fee is enclosed.

The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1147. I have enclosed a duplicate copy of this sheet.

- I am the
- assignee of record of the entire interest.
 applicant.
 attorney or agent of record.
 attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). _____

28 February 2005
Date

 Signature
BRIAN C. ALTMILLER (Reg. No. 37,271)

Typed or printed name

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